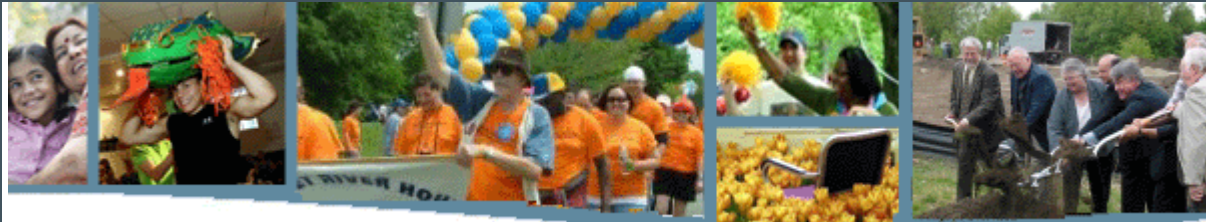


DMH Connections

A publication of the Mass. Department of Mental Health
Employee Newsletter
Office of Communications & Consumer Affairs

August 2008



Welcome to DMH Connections

Several months ago, we asked DMH employees some questions about how they wanted to receive news about the Department. Many of you responded with your preferences, some terrific suggestions and comments and even the title of our new employee newsletter, **DMH Connections**.

I want to thank all of you who participated in the survey and I am very pleased to welcome you to the first edition of the monthly **DMH Connections**. This is your newsletter, it was created with you in mind and I hope you find it informative and useful. We in the Office of Communications and Consumer Affairs look forward to your continued contributions and, most importantly, your feedback. Our goal is to keep us all connected.

Enjoy!

Anna Chinappi
Director
Office of Communications and Consumer Affairs

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Conversations with the Commissioner

A series of listening sessions dubbed "Conversations with the Commissioner" has connected DMH field staff in an up-front and personal format with Commissioner Barbara



Leadholm as she travels the state to meet and hear from employees-from case managers to nurses to site directors.

"Communication at all levels is very important to

Commissioner's message



Click here to view
the [Commissioner's message](#)
for the month of August

Office of Communications and Consumer Affairs

Anna Chinappi, Director

Steve Holochuck, Director of
Consumer Affairs

Pamela Mason, Information
and Referral Specialist

Sarah Spaeth,
Communications Coordinator

Please contribute to the next edition of DMH Connections

Deadlines for upcoming issues:

August 15th for the September
2nd newsletter

September 19th for the
October 6th newsletter

October 17th for the
November 3rd newsletter

Please send all materials to
Sarah Spaeth at
[sarah.r.spaeth@massmail.state
.ma.us](mailto:sarah.r.spaeth@massmail.state.ma.us)

Revamping Case Management

Commissioner Barbara
Leadholm's vision for the DMH

me and to the Department," said Commissioner Leadholm, "and meeting with staff where they work has been very exciting and eye-opening. I'm very pleased to learn what's on the minds of our employees at each one of these events."

Commissioner Leadholm kicked off her first brown bag lunch event in Boston (*pictured above*) for Central Office and Lindemann Mental Health Center staff. "Conversations with the Commissioner" is a format in which employees can share ideas in a dialogue with Commissioner Leadholm as well as hear about new and exciting initiatives underway at DMH. To date, Commissioner Leadholm has visited the Metro Suburban, North East, Western Mass., Metro Boston and Southeastern Areas. The Commissioner's brown bag lunch in Central Mass. is scheduled in September.

Questions from DMH employees reflected a wide range of interests and concerns. Some common themes that emerged were staff training and retention, wellness, funding for DMH, eligibility, case management and recovery principles.

"I look forward to continuing my visits and dialogues with Area staff as we move forward," said Commissioner Leadholm. "An open line of communication is one important way we can understand the needs of employees who care for the individuals we serve. As the front line staff are the 'face' of the Department, I want to meet staff, talk about the direction of DMH and listen to the staff's creative solutions."

Parity Bill Signed

Full mental health parity in Massachusetts advanced this legislative session when a bill sponsored by State Rep. Ruth Balser (D-Newton), pictured right, and Sen. Steven Tolman (D-Watertown) was passed by the House and Senate and signed by the Governor on August 5th. The measure will expand the state's current mental health parity law by adding four major diagnoses to the list of illnesses covered by the state's prior



case management system is one that is active, enhanced, clinically focused and face-to-face. Over the past year, a series of listening sessions with case managers throughout the state have been informing this work, led by Deputy Commissioner of Mental Health Services Elaine Hill.

"We are making great strides," said Deputy Commissioner Hill. "The conversations that the Commissioner and I had with case managers and case management supervisors across the state have been candid and we are looking at areas of this job that the case managers believe need improvement."

These statewide discussions have led to the creation of an ad hoc committee consisting of case managers, case management supervisors, Area Directors, Site Directors, Central Office staff and labor management to begin the process of sifting through the many creative suggestions made during the listening sessions.

Taking a "one topic at a time" approach, the ad hoc committee chose to focus on the 22-page Comprehensive Assessment of Service Needs document that case managers use to identify pertinent information for each client.

It became clear in the many conversations with case managers that this lengthy document could be shortened significantly since much of the information collected was redundant and was identified in electronic medical records. Daniel Fisher, Human Service Coordinator, who served on the committee, said "the document was overly long and only offered a snapshot of the day the document was filled out because it asked for a lot of in-the-moment risk

mental health parity law. They are eating disorders, post traumatic stress disorder, autism and substance abuse disorders.

The bill, Chapter 80 of the Acts of 2000, also streamlines the process of approving the addition of other disorders by giving that authority to the Commissioner of Mental Health.

Strongly supported by advocates and providers, the expanded parity bill represents an important step towards ending the history of discriminatory treatment that mental illnesses have received in our health care system and ending the stigma of mental illness. Stigma is the most significant barrier to individuals seeking treatment for mental illness.

According to the recently issued report by the Division of Health Care Finance and Policy, the House version of the bill that the actuarial analysis was based on, which was more expansive, would have represented an increase in health insurance premiums of only 0.1 to 0.3 percent. The new bill, which is the Senate's version, is a narrower version and its cost impact is estimated to be at the lowest end of this range.

The Mental Health Coalition, a group of 24 mental health related organization, was instrumental in winning the passage of expanded mental health parity. Unified in its approach, Coalition members raised awareness and strongly advocated on behalf of the full parity. "I was impressed with the passion and energy all the members of the coalition brought to this campaign" said Stephen Cidlevich, DMH Director of Constituent Affairs.

Clinical Corner: Healthier Lifestyle Key to Recovery

DMH Introduces the Healthy Changes Initiative

Michael Barker carries a before and after picture of himself because you wouldn't recognize him—he's one hundred pounds lighter thanks to a healthy

regimen of regular exercise and healthy eating. He is now also a non-smoker after a pack-a-day smoking habit of 40 years.

Mr. Barker, a peer facilitator at the Recovery



assessments which might not be valid the next day."

The working group was able to reduce the size of the Comprehensive Assessment of Service Needs document to nine content pages and one signature page. The new document, according to Andre Wynn, Child and Adolescent Case Manager, who also served on the committee "is a win-win proposition for everyone." He believes case managers will now spend half the time filling out the new document.

Fischer feels the new document will save case managers time because it takes an inventory of service needs and allows the case managers to ask specific questions.

The document was presented to the Quality Council where it received approval. In the next few weeks it will be piloted across the state to ensure it meets the needs of case managers and is expected to be fully implemented by October.

This initial change will save valuable time for case managers and clients by creating an efficient assessment process. Watch **DMH Connections** for updates on this ongoing process of redesigning the DMH case management system.

Feds Interested in DMH TAY Initiative

The transition into adulthood can be a trying time for youth. For those with mental illness, this time can be even more challenging because when these individuals stumble or falter, the result is an increased high school dropout rate, higher incarceration rate and a higher drug abuse rate,

Learning Community in Quincy, shares his own remarkable recovery journey and encourages other clients to get on track for a healthier lifestyle. Speaking enthusiastically about his peer facilitator role, Mr. Barker explains, "It helps me in my recovery by helping others. It gives me confidence."

Mr. Barker had a tough battle with schizophrenia, alcoholism and homelessness for many years, and ultimately had a breakthrough in his recovery that led to sobriety, improved mental health and stable housing in a supported apartment. His recovery journey then shifted to his physical wellness. And he didn't go it alone. He and a peer decided together to tackle their nicotine addiction and often supported each other on the phone when the urge to smoke became too great. Although most individuals need pharmacologic treatment to overcome nicotine addiction, Mr. Barker was successful in kicking the habit with the support of his peer.

Quitting smoking was just the first step toward a healthier lifestyle for Mr. Barker. "After quitting smoking, I felt more confident with myself and thought I could set another goal." He turned his attention to his eating habits.

"I was eating a lot of stuff that tasted good but had no nutritional value. I did research. I started substituting different things, fruits, adding more greens and vegetables to my diet. I reminded myself that I am eating to live instead of living to eat." Mr. Barker admits that he has a sweet tooth, "I treat myself with a snack, especially at night because that is my weak point, but if I have a little setback I get back on track the next day."

After taking in a stationary bike that a neighbor had discarded, Mr. Barker's weight loss accelerated. "That bike sat in my living room for a month without me touching it, but gradually I began to ride it." He went from a few minutes, to ten minutes, to 60 minutes of bike riding a day. His current regimen is 30 minutes of bike riding a day along with upper body strengthening exercises.

Mr. Barker's wellness journey highlights a successful outcome for a critical problem faced by many Americans, but in particular by those with a serious mental illness. Recent data from Massachusetts and other states show that individuals with psychiatric disabilities die from treatable medical illnesses at rates significantly higher than those without psychiatric illness, dying up to 25 years earlier than the general population. The life expectancy of the average American is 78 years of age, but for those with serious mental illness, a more typical lifespan is around age 53-equivalent to that of some of the world's poorest

all of which have a tremendous cost to society as well as to the young individual.

Due to concerns over this transition time for young adults, the U.S. Government Accountability Office (GAO) was asked to provide information on some aspects of this issue including the number of these young adults and their demographic characteristics; the challenges they face; how some states assist them; and how the federal government supports states in serving these young adults and coordinates programs that can assist them.

In order to gather this data, the GAO reviewed published research then went a step further. GAO staff interviewed federal, state and local officials, as well as mental health providers, experts and advocacy groups and conducted site visits in Connecticut, Maryland, Massachusetts, and Mississippi-four states that focus on this population.

In Massachusetts, the GAO studied DMH's Transition Age Youth Initiative. DMH is helping youth healthfully transition to adulthood by creating and expanding services such as adult housing, peer mentoring and specialized case management.

The GAO released its findings in a report you can read by [click here](#). The report does not make any recommendations based on their results, but it did emphasize the importance of interagency agreements in order to encompass all necessary services.

Following the release of the report, Ann Capoccia, Coordinator of Interagency Activity in the DMH Child/Adolescent Services division, and Jessel-Paul Smith,

developing countries.

In the majority of these premature deaths, the cause of death is heart disease and lung disease including lung cancer. The largest contributors to these deaths in the United States are cigarette smoking and obesity. This is even truer in those with mental illness who smoke at much higher rates than those without mental illness. As with smoking, those with mental illness also struggle with obesity at higher rates than the others in the U.S.

In light of this alarming national data, the Department of Mental Health has established the Healthy Changes Initiative, to recognize the essential role of physical wellness in recovery from psychiatric illness. As Mr. Barker's experience demonstrates, the role of peers is essential in creating a supportive environment to obtain wellness. This initiative emphasizes peer leadership, education and motivational interventions to promote healthy lifestyle changes by:

- ◆ increasing opportunities for physical activity for patients and staff,
- ◆ improving nutritional offerings and providing broad-based nutritional education,
- ◆ preventing the development of nicotine addiction in facilities by changing a culture that promotes cigarette smoking and by treating nicotine addiction.

"This is an exciting initiative from the Department and answers an important call to action from the federal government and leaders in the mental health field," said Dr. Sally Reyerling, Special Assistant to the State Medical Director and who is leading the initiative with Dr. Mary Ellen Foti, Deputy Commissioner of Clinical and Professional Services and State Medical Director. "The Substance Abuse and Mental Health Services Administration has pledged to increase the lifespan of those with mental illness in ten years by ten years. This pledge is guiding the Department's efforts."

3rd Annual Instructor Appreciation Luncheon

a consumer and former DMH Statewide Youth Coordinator, recently testified before Congress. Jessel's testimony spoke to his own experience with mental illness, which began while he was in college. In his testimony he recounts how he was able to recover from his mental illness, crediting his "American Family" which he sees consisting of "first responders" (i.e. psychologists, psychiatric nurses and mental health counselors), health-care providers who work with the mental health community, the consumer/survivor movement and the public sector. Jessel went on to say, "Young Adults with mental illness are no different than their peers without it, except for one difference. I am persuaded that our mental illness has taught us to be more compassionate, more resilient, and more tolerant."



The Southeastern Area recently held the 3rd Annual Instructor Appreciation Luncheon in Taunton. Area Director Peter Evers presented certificates of appreciation to 11 staff, who taught classes in addition to their regular duties. The adjunct instructors taught Diversity, CPR, NVSD, Restraint Reduction, risk management, orientation, and in-patient staff skills classes.

They include (front row, from left) Suzanne Brown, Sandra Kiley-Davis, Marion Stenson, Michele Potwin and Linda Wyndham. Back row (from left) Robert Jope, Jr., Sandra Stewart, Cynthia Dyer, Peter Evers, Jane Musgrave, and Nancy Flannery. Photo by Robert Jacome.

DMH Quality Council - A New Model

In order to ensure that quality management and improvement inform how we operate, Commissioner Leadholm has established a Quality Council, which consists of Senior Staff, Area Directors and the DMH Consumer Affairs staff. This is part of the Commissioner's vision to infuse quality, evidence-based practice and the use of data in creating a consumer-driven system.

The Quality Council meets weekly, and is a place where Central Office and Area leadership work together on priorities and shared goals. It is a mechanism for Central Office to support the field in providing services for DMH clients. The work that emerges from the Quality Council

SERV as an Inspiration!

SERV State Employees Responding as Volunteers Program, known as SERV, is great way to volunteer your time and talents in the community for



a charity or cause. The SERV program allows eligible state employees who have at least six months of state service to choose a charity or cause of their choice, and with supervisor approval, volunteer during the regular work week, scheduling up to one day per month at an approved Massachusetts non-profit organization (7.5 or 8 hours/month; pro-rated for part-time employees.) Eligible volunteer choices include education, youth mentoring, public and charter schools, health and human services, public safety and environment. Visit the SERV website at the end of this article for a complete list of approved charities, schools and institutions.

From July 1, 2007 to June 30, 2008, about 1,500

process is a significant way we can demonstrate our commitment to Recovery and Resiliency in Partnership. The Quality Council is our opportunity to:

- > Bridge local operations and planning with strategic goals of the Department, stakeholders and administration
- > Promote data transparency
- > Involve people with lived experience and their families
- > Address health disparities and service gaps
- > Engage leadership and staff in a culture of quality improvement

Presently, the Council is identifying the Department's priority projects, some of which are significant undertakings. As these projects and initiatives are identified, we will issue regular updates on the Council's progress.

Multicultural Corner: DMH interpreter services - Long history for a critical service



Did you know that DMH has the oldest and largest interpreter service program of all state agencies?

Among the goals of the DMH Office of Multicultural Affairs (OMCA) is linguistic access, which is realized through OMCA's Interpreter Services program. While the majority of the interpreter services occur on our inpatient units throughout the state,

state employees have participated in SERV giving back to their communities more than 22,000 hours. Each month we will highlight an employee's experience with SERV as an inspiration to volunteer for an organization of your choice. This month Mel Stole (*pictured above*), Metro Boston Assistant Director of Child/Adolescent Services, shares his story.

I have given eight hours every month since September 2007 when I began volunteering at the National Marrow Donor Program (NMDP) at the Dana Farber Cancer Institute (DFCI).

The work done in this office is truly lifesaving. These are the folks who organize blood drives to recruit donors for the NMDP as well as the staff who contact the donors who are identified as potential matches for patients who either need peripheral blood stem cells or bone marrow stem cells as part of their cancer treatment. Other people in the office make arrangements for volunteers to travel all over the world to pick up the aforementioned blood products for one of Dana Farber's patients when there are no family members or local donors who match the specific need of the patient.

Because donors often move, have name changes or don't update their information with the NMDP registry, most of my volunteer time has been spent on the computer using various secure programs and services to find "missing" donors. Once I find a current address and contact information for a registered donor, I enter the new information in the database.

I sought out this office to volunteer because I have been donating platelets at the Kraft Family Blood Donor Center at the DFCI since the early 1990s. To date I have given 248 platelet donations. As a result of donating, I learned about the opportunity and need for couriers to travel to pick up the blood products and I became a courier for the NMDP in 2004. I have traveled to England, France, Germany, the Netherlands and Israel to pick up products for DFCI patients. This is why I chose to volunteer at the DFCI NMDP office!

For more information about the National Marrow Donor program please visit their [website](#). To learn more about SERV [click here](#).

And we want to hear about your volunteering experience. Please e-mail your SERV volunteer stories to sarah.r.spaeth@massmail.state.ma.us.

Employee Achievements

Steve Holochuck (*pictured right*), Director of Consumer Affairs, was recently inducted into the

interpreters are also seen in many other settings including case management meetings, eligibility determinations, residential programs and investigations. On inpatients units, the presence of interpreters allows nurses, social workers and mental health workers, as well as psychologists and psychiatrists, to work with the patient. Group work, family meetings, discharge planning and evaluations become possible through interpreters.

In a reflection of the increasing diversity throughout the state, in the past fiscal year, interpreter services (as opposed to written translation services) were provided in 20 languages. Spanish, Chinese, Portuguese and Haitian were among the most commonly requested languages but interpreters were also requested for languages of lesser diffusion such as Albanian, Amharic, Arabic, Bosnian, Gujarati, Japanese, Khmer, Korean, Luganda, Somali and Thai. Interpreters for languages reflecting older, more settled immigrant groups included Cape Verdean, Greek, Italian, Russian and Vietnamese. By the end of the year, nearly 3,000 appointments were facilitated by an interpreter.

The DMH Office of Multicultural Affairs, under the direction of Ed K.S. Wang, Psy.D., was created to ensure cultural competence in all DMH programs and services. OMCA engages in many activities around training, education, consultation, and information and referral.

Watch DMH Connections for more news from the Office of Multicultural Affairs!

Articles of Interest

"Wall of Fame" at the Western Mass Recovery Learning Center. The RLC Wall of Fame honors peers who have made significant contributions to the consumer movement. Steve is acknowledged for his role as a founding member of the On Our Own Network of Western Massachusetts and for his service as DMH Director of Consumer Affairs. Steve was the third person to be honored with a plaque on the RLC's Wall of Fame, as well as a description of his contributions in the Wall of Fame Book.



Janice LeBel, Ph.D., Director of Program Management in the Department's Child and Adolescent division, and **Nan Stromberg, RN**, Director of Nursing for the Department of Mental Health Licensing Unit, were presented the Gloria Huntley award from the National Alliance on Mental Illness (NAMI) at the NAMI Annual Convention in Orlando, Florida. The award was presented to Dr. LeBel and Ms. Stromberg for their work in preventing the use of restraint and seclusion and incorporating principles of trauma-informed, strength-based care in inpatient treatment settings.

Matt McWade, Youth Coordinator for the Transition Age Youth Initiative, is the recipient of the M-Power grant (Massachusetts People/Patients Organized for Wellness, Empowerment, and Rights) from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). Matt will document attitudes and experiences related to mental health recovery in multiple ethnic communities of transition age youth within Massachusetts in order to promote equality and social connections through the development of a video documentary. The documentary will then be shown in community venues where individuals will be invited to public screenings.

Hurricane Season: Be Prepared

Hurricane season is upon us and it is always wise to be ready for a potential storm. The Massachusetts Emergency Management Agency (MEMA) is offering personal preparedness tips for all citizens of the Commonwealth.

MEMA'S website offers many tips including how to plan an evacuation, how to protect your property, how to travel, what to do if you have pets and what

[On the Edge](#), Boston Globe Sunday Magazine
[The Urge to End It All](#), New York Times Magazine
[Billionaires Back Antismoking Effort](#) by Donald G. McNeil Jr., New York Times
['Mad Pride' Fights a Stigma](#) by Gabrielle Glaser, New York Times
[Mass. Mental Health Info Not Shared With FBI](#)
WCVB Channel 5

Video by Matt McWade, Youth Coordinator for the Transition Age Youth Initiative, covering the topic of mental illness and stigma:

[Part 1](#)
[Part 2](#)



Think before you print

We will be posting
DMH Connections
on DMH's intranet
site

to take with you. A consistent piece of advice is to always be aware of your Emergency Alert System (EAS) radio station. This will keep you informed of the progress of the storm and available safety sites. It is also important to know what your community mass departure plan is as well as the location of local shelters. To learn more about hurricane disaster preparedness visit the [MEMA website](#).



Conferences and Events

August 7 **Patient Cook-out** Westborough State Hospital

August 11-15 Professional Learning Network Presents 29-th Cape Cod Institute: [CBT for OCD and Anxiety - Complexities and Challenges in Treating Children and Adolescents](#) Cape Cod, MA

August 11-15 New England Educational Institute Presents 25-th Annual Cape Cod Summer Symposia: [Child and Adolescent Psychopathology - A Life-Span Treatment Approach](#) Cape Cod, MA

August 11-15 New England Educational Institute Presents 25-th Annual Cape Cod Summer Symposia: [Positive Psychology - Practical Applications in Clinical Work](#) Cape Cod, MA

August 14-17 [American Psychological Association 116th Annual Convention](#) Boston, MA

August 18-22 New England Educational Institute Presents 25-th Annual Cape Cod Summer Symposia: [New Developments in the Treatment of Victimized Individuals - Treating PTSD and Complex PTSD](#) Cape Cod, MA

August 18-22 New England Educational Institute Presents 25-th Annual Cape Cod Summer Symposia: [Mindfulness, Radical Acceptance, and Willingness: Integrating DBT Skills into Clinical Practice](#) Cape Cod, MA

August 18-22 Professional Learning Network Presents 29-th Cape Cod Institute: [Therapeutic Approaches to Anger, Rage and Domestic Violence Counseling](#) Cape Cod, MA

August 21 **Recovery Dialogue Luncheon** This luncheon will bring together consumers, advocates, and staff to collaboratively discuss ways to further recovery goals at Quincy Mental Health Center.

August 28 **Patient Cook-out** Westborough State Hospital

September 26-27 Harvard medical School Presents Coaching: [A New Horizon- Theory, Evidence &](#)

[Practice](#) Boston, MA

October 5-11 Mental Illness Awareness Week

October 9 Bipolar Awareness Day

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